

ADDENDUM TO APPLICATION

FLORIDA HOUSE OF REPRESENTATIVES

LEGISLATIVE INTERN PROGRAM

APPLICANT _____

I. EDUCATION

(A) GPA

Undergraduate _____

Graduate _____ (Masters Program)

Graduate _____ (PhD Program)

(B) GRADUATE ENTRANCE EXAMS:

G R E	L S A T	G M A T
Date taken / /	Date taken / /	Date taken / /
Verbal Score _____		
Percentile _____		
Quantitative Score _____	Score _____	Score _____
Percentile _____		
Analytical Score _____	Percentile _____	Percentile _____
Percentile _____		

If you have not taken a graduate exam, what exam will you take? _____

Anticipated date of examination: _____

- (C) What will be your major or academic area of concentration during the 2007-2008 Legislative Intern Program (September, 2007 through May, 2008)?

- (D) Additional information about your educational experience that you want considered in this application:

II. HONORS AND ACTIVITIES

Indicate in the appropriate space below if you have been involved in or have received any of the following:

SCHOLARSHIPS AND FELLOWSHIPS:

HONORS AND AWARDS:

LEADERSHIP POSITIONS:

INTERNSHIPS (NOT LISTED UNDER EMPLOYMENT):

VOLUNTEER WORK:

PUBLICATIONS:

PROFESSIONAL ASSOCIATIONS:

OTHER ORGANIZATIONS TO WHICH YOU BELONG:

III. AREAS OF INTEREST

Participants are assigned to work with a policy area during their internship. Indicate below your preference of issue areas and a short explanation of the reasons for this preference:

- | | |
|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Appropriations/Budget | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Civil Justice | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Regulated Industries |
| <input type="checkbox"/> Domestic Security | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Economic Development, Trade and Banking | <input type="checkbox"/> Spaceport and Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> State Administration |
| <input type="checkbox"/> Ethics & Elections | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Finance & Taxation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Growth Management | <input type="checkbox"/> Utilities / Telecommunications |
| <input type="checkbox"/> Health Care | |

1st Preference: _____

2nd Preference: _____

IV. FACULTY & EMPLOYER RECOMMENDATIONS

List below two faculty members and one employer from whom you will request recommendations. Recommendation forms included in the application should be filled out by the faculty member/employer and forwarded to the Legislative Intern Office. These recommendations should be received in the Intern Office by May 18, 2007. **IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT THESE RECOMMENDATIONS HAVE BEEN RECEIVED BY THE DEADLINE.**

NAME OF FACULTY MEMBER AND ADDRESS

TELEPHONE

- 1) _____
- 2) _____

NAME OF EMPLOYER AND ADDRESS (IF APPLICABLE)

TELEPHONE

- 1) _____

V. COMPUTER KNOWLEDGE AND SKILLS

List your computer knowledge and skills:

FACULTY RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES

LEGISLATIVE INTERN PROGRAM

STUDENT'S NAME _____

STUDENT'S ADDRESS _____ PHONE _____

FACULTY MEMBER'S NAME _____

FACULTY MEMBER'S ADDRESS _____ PHONE _____

THE GOAL OF THE LEGISLATIVE INTERN PROGRAM IS TO PROVIDE COLLEGE GRADUATES AND GRADUATE STUDENTS WITH TRAINING IN THE LEGISLATIVE PROCESS AND PUBLIC POLICY MAKING.

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

WHAT WAS THE RANKING OF THE APPLICANT'S PERFORMANCE IN YOUR CLASS?

☐ TOP 10% ☐ TOP 25% ☐ TOP 50% ☐ BOTTOM 50%

CLASS SIZE _____

HOW WOULD YOU RATE THE APPLICANT'S WRITING ABILITY?

☐ OUTSTANDING ☐ ABOVE SATISFACTORY ☐ SATISFACTORY ☐ POOR

HOW WOULD YOU RATE THE APPLICANT'S ANALYTICAL ABILITY?

☐ OUTSTANDING ☐ ABOVE SATISFACTORY ☐ SATISFACTORY ☐ POOR

DID THIS APPLICANT DEMONSTRATE OTHER COMMUNICATION SKILLS? PLEASE SPECIFY. _____

WHY DO YOU THINK THIS APPLICANT WOULD BE A GOOD CANDIDATE FOR THE INTERN PROGRAM? _____

SEND THIS FORM TO THE ADDRESS BELOW BY MAY 18, 2007

LEGISLATIVE INTERN PROGRAM
OFFICE OF THE SPEAKER PRO TEMPORE
FLORIDA HOUSE OF REPRESENTATIVES
317 THE CAPITOL
402 S. MONROE STREET
TALLAHASSEE, FL 32399-1300
(850) 487-2290
E-MAIL: BEVERLY.BROUSSARD@MYFLORIDAHOUSE.GOV

SIGNATURE

TITLE

EMPLOYER RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES

LEGISLATIVE INTERN PROGRAM

EMPLOYEE'S NAME _____

EMPLOYEE'S ADDRESS _____ PHONE _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____ PHONE _____

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TYPE OF WORK EMPLOYEE PERFORMED; LENGTH AND SPECIFIC DATES OF EMPLOYMENT; APPROXIMATE NUMBER OF HOURS WORKED PER WEEK _____

HOW DID THE EMPLOYEE PERFORM ON THE JOB?

☐ EXCELLENT ☐ GOOD ☐ SATISFACTORY ☐ POOR

REMARKS _____

HOW DID THE EMPLOYEE RESPOND TO DIRECTION? _____

DID THE EMPLOYEE WORK WELL WITH OTHERS? _____

WOULD YOU RECOMMEND THIS PERSON AS A DEPENDABLE AND RESPONSIBLE EMPLOYEE? _____

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